

## Georgia Department of Motor Vehicle Safety

Permit Section P. O. Box 101072 Atlanta, Georgia 30392

Sonny Perdue Governor James R. (Jim) Davis Commissioner

January 28, 2004

## EFFECTIVE FEBRUARY 2, 2004 AMBER, RED, OR BLUE LIGHT PERMIT APPLICATIONS NO LONGER ACCEPTED IN PERSON ALL APPLICATIONS MUST BE MAILED.

To Whom it May Concern:

Please find attached a copy of the application for amber, red, or blue flashing lights. ALL APPLICATIONS MUST NOW BE MAILED INTO OUR OFFICE. WE WILL NO LONGER ACCEPT APPLICATIONS ON A WALK IN BASIS. If your permits are not due to expire please do not mail application in at this time, but wait until 30 days prior to current expiration date.

## If you need a permit immediately please follow the below procedure:

- 1. Complete application.
- 2. Complete money order, certified check, or company check in the amount of \$2.00 per vehicle.
- 3. MAKE A PHOTO COPY OF BOTH OF THE ABOVE, both the application and the money order, certified check, or company check.
- 4. PLACE BOTH COPIES IN EACH VEHICLE THAT NEEDS TO BE PERMITTED; THIS WILL SERVE AS A TEMPORARY UNTIL YOU RECEIVE YOUR ORIGINAL PERMITS IN THE MAIL.

If you need additional information please contact this office at (404) 675-6998.

## APPLICATION FOR DESIGNATION AS EMERGENCY VEHICLE AND EMERGENCY VEHICLE LIGHT PERMIT (O.C.G.A. § 40-8-92)

**Return application to:** 

**Telephone Number:** (404) 675-6998

Department of Motor Vehicle Safety Attn: Permit Section P.O. Box 101072 Atlanta, Georgia 30392

Name:					Age:		Vehicl	Vehicle Owned By:	
Addr	,	ess Name or Indivi	dual Owner)				Com	npany	
City:		State:		Zip: County:		County:		vidual	
Telephone #:						Gove	rnment 🔲		
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	☐ Construction		Escort		☐ Ambulance			Unmarked	
	Utility/Maintenance			Oversized Load		1 <sup>st</sup> Responder/EM	г П	Other (Please Attach Statement)	
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	Note:	•			•	ounty, State, or Federa			
	All other	vehicles are				Order or Business	/Company	Check).	
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		igned, have rea st of our knowle			on and	affirm that all inform	nation submi	tted is true and	
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Notary Public:								_	
Commission Expires:					Phone Number:				
(SIGNATURE & SEAL REQUIRED)				;	Signature:				

			For Department Use Only		
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